



MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY CLAIMS MADE AND REPORTED INSURANCE

DECLARATIONS

This is a Claims Made and Reported Policy. Except to such extent as may otherwise be provided herein, the coverage afforded under this Insurance is limited to those **Claims** which are first made against the **Insured** and reported during the **Policy Period**. **Damages** and **Claims Expenses** shall be applied against the Deductible. Certain words and phrases which appear in bold type have the special meaning agreed by the parties in Clause V., Definitions. Words with capitalized first letters only shall have the further meaning provided in the Declarations or as the context may require. Please review the coverage provided by this Insurance carefully and discuss it with your insurance agent or broker.

These Declarations along with the completed and signed application and the **Policy** with endorsements shall constitute the contract between the **Named Insureds** and the Underwriters.

Policy Number: HC2300166

Item 1. **Named Insured:** PrimeCare Medical, Inc.

Address:

3940 Locust Lane
Harrisburg, PA 17109

Item 2. **Policy Period:** From: 16-March-2023
To: 16-March-2024

Both dates 12:01 a.m. Local Time at the Principal Address shown in Item 1.

Item 3. **Limit of Liability:**

(a) Each **Claim** USD 1,000,000

Each location or provider

Per Location or Provider - Each Claim USD 1,000,000

Per Location or Provider – Aggregate USD 3,000,000

Per Scheduled PA Physician - Each Claim USD 500,000

Per Scheduled PA Physician – Aggregate USD 1,500,000

(b) Term Aggregate- all coverages combined USD 10,000,000

Item 4. **Deductible:**

Each **Claim** Deductible USD 1,000,000

Item 5. **Premium:**

a. The premium paid in respect of the entire **Policy Period**

USD [REDACTED]

Plus taxes as applicable, which shall be payable in full at inception of this Insurance as designated in Item 2. of the Declarations

**Extended Reported Period:**

b. Premium for Extended Reporting Period:	c. Length of Extended Reporting Period:
175% of the premium shown in 5.a.	One (1) Year
200% of the premium shown in 5.a.	Two (2) Years
225% of the premium shown in 5.a.	Three (3) Years
250% of the premium shown in 5.a.	Four (4) Years

Item 6. **Retroactive Date:**

Coverage shall apply only to those **Claims** reported pursuant to the terms and conditions of the Policy arising out of **Professional Services** described herein and performed subsequent to the date below:

01 July 1998 or as otherwise provided per schedule

Item 7. **Service of Suit:**

Service of Suit upon the Underwriters pursuant to Clause XXIII. of the Policy may be made upon:

Lloyd's America, Inc. Attention: Legal Dept.
280 Park Avenue, East Tower, 25th Floor
New York, NY 10017

Service of Suit nominee in respect of XL Catlin Insurance Company UK Limited, LIRMA C7509:

Sarah Mims,
XL Global Services Inc.,
505 Eagleview Boulevard,
Exton, PA 19341

Item 8. **Notice of Election:**

Recipient of Notice of **Named Insured's** Cancellation:

Justin Palmer
CBC UK Limited
Mansell Court
69 Mansell Street
London
E1 8AN United Kingdom

Recipient of Notice of **Named Insured's** intention to purchase **Extended Reported Period** Coverage and premium for **Extended Reported Period** Coverage:

Justin Palmer
CBC UK Limited
Mansell Court
69 Mansell Street
London
E1 8AN United Kingdom



Item 9. **Notice of Claim:**

Recipient of Notice of **Named Insured's Claim** or Circumstance per Condition XI. of the Policy:

McCullough PC
 Attn: Myra Brown
 205 North Michigan Avenue,
 Suite 2550
 Chicago
 Illinois 60601
 United States of America

Tel: (312) 923-4117
 Fax: (312) 364-1003
 Email: hplreporting@mcculloughpc.com

Item 10. **Scheduled Insureds/ Physicians:**

Employed and contracted physicians and other medical providers for Professional Services on behalf of the Named Insured as on file with the Named Insured at the time the Professional Services are rendered

Item 11. **Scheduled Professional Services:**

Correctional Medical services

Item 12. **Choice of Law:**

Pennsylvania

Item 13. **Endorsements Effective at Inception:**

1. Nuclear Incident Exclusion Clause-Liability-Direct(Broad) (U.S.A.) NMA1256
2. Radioactive Contamination Exclusion Clause-Liability-Direct (U.S.A.) NMA1477
3. War and Terrorism Exclusion Endorsement NMA2918
4. Premium Payment Warranty Endorsement
5. Scheduled Additional Insured Endorsement
6. Minimum Earned Premium Endorsement
7. Blanket Additional Insured Endorsement
8. Additional Named Insured Endorsement
9. Pre-Approved Choice of Counsel Endorsement
10. Scheduled Locations Endorsement
11. Scheduled Additional Insured Endorsement (With Notice of Cancellation)
12. Amend Sexual/Physical Misconduct Exclusion with Sublimit
13. Disciplinary Proceedings Endorsement
14. Managed Care Error & Omissions Financial Loss Exclusion
15. Professional Liability Amendment for Pennsylvania Endorsement
16. Civil Rights Coverage (Professional Liability Only)
17. Amend Notice of Cancellation
18. Amend Limits of Liability - Location Specific
19. Scheduled Insureds/Physicians and Termination Dates with Extended Reporting Period Schedule



20. Scheduled Additional Insured Endorsement (With Primary And Non-Contributory And Notice Of Cancellation)
21. Scheduled Additional Insured Endorsement With Contract Specific Limits
22. Contract Specific Limits of Liability with Retroactive Date
23. Amend Mergers and Acquisitions Clause
24. Inner Aggregate Corridor Endorsement
25. Healthcare Scheduled Communicable Disease Limitation Endorsement
26. Healthcare Liability - Cyber And Data Breach Exclusion LMA5491
27. Controlled Substances Endorsement
28. Amended Assistance And Co-Operation of the Insured Endorsement
29. Sanction Limitation And Exclusion Clause LMA3100
30. Omnisure Risk Management Endorsement
31. Reporting Requirements Endorsement
32. Greene County Jail Endorsement
33. Bucks County Endorsement